

Confidential Purchaser Profile

The information requested in this profile will enable your transition consultant to gain valuable insight into your particular needs and goals. It will also allow us to help you derive the maximum benefit from your consultation. Please complete this profile as thoroughly as possible. Thank You.

Please send your completed profile to your PARAGON consultant at the following address:

2168 Main Street
Suite A
Madison, MS 39110



PERSONAL INFORMATION

Name (please include degree) _____

Corporate (LLC) Name (if applicable) _____

Email address _____

Website Address _____

Practice Type General Specialty

Send mail to Home Office

Office Address _____

_____ Zip Code _____

County / Parish: _____

Office Phone Number _____ FAX _____

Home Phone Number _____ Cell _____

Home Address _____

_____ Zip Code _____

May we call you at the office? Yes No

Date of Birth _____

Place of Birth _____

Social Security # _____

I am: right-handed left-handed

Can you use right-handed dental equipment? N/A Yes No

Residence: Own Rent

My health is: excellent good fair

Marital Status _____ Spouse's Name _____

Spouse's Date of Birth _____ Spouse's Occupation _____

Children (ages & names) _____

Hobbies & Interests _____

Sports Activities _____

Names of Study Clubs _____

Offices Held _____

Are you multi-lingual? Yes No

If yes, what languages do you speak? _____

PROFESSIONAL

Undergraduate School _____ Graduated _____

Dental School _____ Graduated _____

Post-Graduate _____ Completed _____

Other Post-Graduate Training _____

State Licenses / Regional Boards Held _____

License Number _____

Have you ever been disciplined by a state board or court? Yes No

If Yes, describe _____

Are there any complaints against you that could lead to disciplinary actions? Yes No

If Yes, describe _____

Have you ever been involved in a dental profession lawsuit? Yes No

If Yes, describe _____

Professional Organizations _____

Offices Currently Held _____

Offices Previously Held _____

Military Branch _____ Years _____

Rank Upon Separation _____ Year _____

Other Professional Information you wish to disclose _____

DESIRED OPPORTUNITY

Desired Situation: Practice Acquisition Equity Associateship "Hired Gun" Associateship

Date Available? _____

Minimum Annual Income Required? \$ _____

Price Range of practice you desire? \$ _____

Monthly Production you are capable of producing? \$ _____

How long have been searching for an opportunity? _____

How much money do you have for a down payment? \$ _____

Location Preference? _____

CURRENT PRACTICE INFORMATION (if applicable)

Did you purchase the practice?..... Yes No

Date practice was established _____ Date you acquired practice _____

Do you own 100% of the practice?..... Yes No

If No, what percentage do you own?..... _____%

Do you share the office with another doctor?..... Yes No

Your Practice Production Last 12 months \$ _____

Your Practice Production Previous 12 months \$ _____

Do you have an associate?..... Yes No

Do you think you would enjoy sharing management responsibilities?..... Yes No

Are you employed in any other professional facility?..... Yes No

How many patients do you treat on average in an 8 hour day?..... _____

Specialty work referred: Perio Ortho Pedo Endo Prostho OS Other _____

Specialty work provided: Perio Ortho Pedo Endo Prostho OS Other _____

Do you accept Medicaid? (Approximate percent of patients _____%)..... Yes No

What percentage of your practice income is from Capitation patients?..... _____%

What percentage of your practice income is from PPO patients?..... _____%

What percentage of your practice income is from fee-for-service (FFS) patients?..... _____%

Is your practice an amalgam-free practice?..... Yes No

Is your practice involved in any litigation?..... Yes No

If Yes, describe _____

Is your practice computerized?..... Yes No

If yes, to what extent? limited usage front-office only fully computerized office

Describe computer equipment & software: _____

Office Hours:

Monday _____ Thursday _____

Tuesday _____ Friday _____

Wednesday _____ Saturday _____

PERSONAL ACKNOWLEDGMENT (please sign & print name below)

The undersigned hereby certifies that the information provided herein is, to the best of the undersigned's knowledge, completely true and accurate. The undersigned also acknowledges that any information about the practice and/or the undersigned that could be construed by a reasonable person to be detrimental has been fully disclosed in this profile. The undersigned further acknowledges that the completion of this profile and the providing of the information herein shall not be construed, in any manner, to be an offer by PARAGON to accept the undersigned as a client of PARAGON.

 Date

 Signature

Print Name: _____

Please tell us how you discovered PARAGON: _____

